

**STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH**

SFUND RECORDS CTR
999000429

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Westlock Pumping Code No.

Pick up Address: 13344 South Main Street, Los Angeles, Calif.
(Number) (Street) (City)

Telephone Number: () P.O. or Contract No.:

Order Placed By: _____ Date: 2/18/77

Type of Process
which Produced Wastes: _____
(Examples: metal plating, equipment cleaning, oil drilling--Code No. _____
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	8. <input type="checkbox"/> Tank bottom sediment
2. <input type="checkbox"/> Alkaline solution	9. <input type="checkbox"/> Oil
3. <input type="checkbox"/> Pesticides	10. <input type="checkbox"/> Drilling mud
4. <input type="checkbox"/> Paint sludge	11. <input type="checkbox"/> Contaminated soil and sand
5. <input type="checkbox"/> Solvent	12. <input type="checkbox"/> Cannery waste
6. <input type="checkbox"/> Tetraethyl lead sludge	13. <input type="checkbox"/> Latex waste
7. <input type="checkbox"/> Chemical toilet wastes	14. <input type="checkbox"/> Mud and water
	15. <input type="checkbox"/> Brine

☐ Other (Specify) Waste Coolant Water

Code No.

Components:
(Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:

pH 1 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other _____ (specify)

Containers: _____ (Number) ☐ drums ☐ cartons ☐ bags ☐ other _____ (specify)

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other _____ (specify)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): ALL AMERICAN OIL COMPANY Date No.
Business Address: 8655 So. Main Street, Los Angeles 90005
Telephone Number: (213) 759-6145 Pick Up: 7/18/77 Time: 12:45 PM
State Liquid Waste Hauler's Registration No. (if applicable): 118
Job No.: 7566 No. of Loads or Trips: 1 Unit No.: A-6
Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____
The described waste was hauled by me to the disposal facility named below and was accepted. (specify)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

to the disposal (specify)
Albert C.
 Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Industries Code No.
Site Address: 2425 South Garfield Ave., Monterey Pk., Calif.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): ☐ ☐

☐ disposal (specify): ☐ ☐

☐ pond ☐ spreading ☐ landfill ☐ injection well

☐ other (specify): ☐ ☐

Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 2/1/77
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**